

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/908985

6-9-04

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	X			
3		/		/		
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32	/		/			
33	/		X			
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36		/		/		
37	/		/			
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39	/		/			
40	/		/			
41	/		/			
42		/	X			
43		/	X			
44		/	X			
45	/		X			
46		/	X			
47		/	X			
48		/	X			
49		/	X			
50		/	X			
TOTAL IND.	13		10			
TOTAL DEP.	37		30			
TOTAL CLAIMS	50		40			

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52		/				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY